NOTIFICATION.

395

No. L.D. 240—Legis. 5-52-14, dated Bangalore, 1st March 1952.

Ordered that the Employees' State Insurance (General) Regulations, 1950, be republished in the *Mysore Gazette*, for general information.

By Order of His Highness the Maharaja,

N. R. JAYA RAO,
Legal Remembrancer and
Secretary to Government,
Law Department.

CONTENTS.

CHAPTER I.

GENERAL.

Regulation.

1 Short Title.
2 Definitions.
3 The manner in which the Corporation may exercise its powers.
4 Contribution and Benefit periods.
5 Allotment of Contribution and Benefit periods.
6 Meetings of the Corporation, the Standing Committee and the Medical Benefit Council.
7 Decision by majority.
8 Mode of exercising vote.
9 Matters to be brought before the Corporation.
10 Regional Boards.

CHAPTER II.

COLLECTION OF CONTRIBUTIONS, ETC.

11 Declaration by persons in employment on Appointed Day.
12 Declaration by persons engaged after the Appointed Day.
13 Preparation of Contribution Card.
14 Declaration Forms to be sent to Regional Office.

396

Regulation.

15 Allotment of Insurance Number.
16 The Corporation to receive assistance from employers.
17 Identity Cards.
18 Loss of Identity Card.
19 Period for which Contribution Card valid.
20 Fresh Contribution Card.
21 Custody of Contribution Cards.
22 Inspection of Contribution Cards by Inspector.
23 Inspection of Contribution Cards by employees.
24 Loss of Contribution Card.
25 Refund for Contribution Stamps.
26 Contribution Cards to be sent to Regional Office.
27 Return of employment.
28 Preparation of Contribution Cards by the Corporation.
29 Payment of Contribution by Stamps.
30 Contribution Stamp Book.
31 Time for payment of Contribution.
32 Register of employees.
33 Other modes of payment of Contribution.
34 Cancellation of Contribution Stamps.
35 Reasons for non-payment of Contributions.
36 Employment for part of a week.
37 Employment by two or more employers successively in any week.
38 Scheme by joint employers.
39 Reckoning of wages of employee employed by two or more employers in the same week.
40 Refund of Contribution erroneously paid.
41 Allowance for destroyed Contribution Stamps.
42 Nature of Allowance.
43 Unused Contribution Stamps.

CHAPTER III.

CASH BENEFITS.

CLAIMS.

44 Claim for benefits.
45 When claim becomes due.
46 Availability of claim forms.
47 Claim on wrong form.
48 Evidence in support of claim.
49 Defective claim.
50 Claim for inappropriate benefit.
51 Authority for certifying eligibility of claimants.
52 Benefits when payable.

CERTIFICATION AND CLAIMS FOR SICKNESS AND TEMPORARY DISABLEMENT.

53 Evidence of sickness and temporary disablement.
54 Persons competent to issue medical certificate.
55 Medical certificate.

397

Regulation.

56 Time for granting medical certificate.
57 Medical certificate on first examination.
58 Final medical certificate.
59 Interm diate certificates.
60 Fi al medical certificate before commencing work for wages.
61 Intermediate certificate where temporary disablement likely to continue for a longer period.
62 Certified sickness.
63 Form of claim for sickness or temporary disablement.
64 Failure to submit medical certificate.

DISABLEMENT BENEFIT.

65 Notice of accident.
66 Maintenance of accident book.
67 Notice otherwise than by an entry in accident book.
68 Report of accident by an employer.
69 Employer to arrange for first aid.
70 Employer to furnish further particulars of accident.
71 Directions by the Corporation.
72 Reference to a Medical Board.
73 Report of Medical Board.
74 Appeal against decisions of Medical Board.
75 Constitu ion of Medical Boards.
76 Appeal Tribunals.

DEPENDANTS' BENEFIT.

77 Report of death of insured person by employment injury.
78 Disposal of body of an insured person dying by employment injury.
79 Issue of death certificate.
80 Submission of claim for dependants' benefit.
81 Notice for dependants' benefit.
82 Intimation of decision regarding dependants' benefit.
83 Date of accrual of dependants' benefit.
84 Review of dependants' benefit.
85 Declaration by persons in receipt of dependants' benefit.
86 Appointment of another guardian.

MATERNITY BENEFIT.

87 Notice of pregnancy.
88 Claim for maternity benefit commencing before confinement.
89 Claim for ma ernity benefit only after confinement.
90 Ot er evidence n lieu of a certificate.
91 Notice of work for remuneration.
92 Date of payment of maternity benefit.
93 Disqualification for maternity benefit.
94 Authority wh ch may i sue certificate.
95 Ob igations of Insurance Medical Officer.

398

CHAPTER IV.

MISCELLANEOUS.

Regulation.

96 Authority for determining benefits.
97 Discontinuation or reduction of benefits.
98 Discharge, etc., of employee under certain conditions.
99 Suspension of sickness or temporary disablement benefit.
100 Relaxation.
101 Appointment of sick visitors.
102 Certain officers to have powers of inspection.
103 Medical benefit during disablement.
104 Production of document for medical benefit.
105 Further certificates.
106 Change of circumstances to be notified.

FORMS.

Form Nos.

1 Declaration Form (Regulations 11 and 12).
2 Contribution Card (Regulation 13).
3 Return of Declaration Forms (Regulation 14).
4 Identity Card (Regulation 17).
5 Receipt for Contribution Card (Regulation 22).
6 Return of Contribution Cards (Regulation 26).
7 Return of Employment (Regulation 27).
8 First Certificate (Regulation 57).
9 Final Certificate (Regulation 58).
10 Intermediate Certificate (Regulation 59).
11 Special Intermediate Certificate (Regulation 61).
12 Sickness or Temporary Disablement Benefit (Regulation 63). Claim for Benefit.
13 Sickness or Temporary Disablement Benefit (Regulation 63). Claim for Benefit.
14 Sickness or Temporary Disablement Benefit (Regulation 63). Claim for Benefit.
15 Accident Book. (Regulation 66).
16 Accident Report from Employer (Regulation 68).
17 Dependants' Benefit (Regulation 79). Death Certificate.
18 Dependants' Benefit (Regulation 80). Claim Form.
19 Maternity Benefit (Regulation 87). Notice of Pregnancy.
20 Maternity Benefit (Regulation 87). Certificate of Pregnancy.
21 Maternity Benefit (Regulation 88). Certificate of Expected Confinement.
22 Maternity Benefit (Regulations 88 and 89). Claim Form.
23 Maternity Benefit (Regulations 88 and 89). Certificate of Confinement.
24 Maternity Benefit (Regulation 91). Notice of work.

399

GOVERNMENT OF INDIA.

MINISTRY OF LABOUR.

EMPLOYEES' STATE INSURANCE CORPORATION.

NOTIFICATION.

New Delhi, the 17th October 1950.

No. R.S./5/48.—In exercise of the powers conferred by section 97 of the Employees' State Insurance Act, 1948 (XXXIV of 1948), the Employees' State Insurance Corporation is pleased to make the following regulations, the same having been previously published as required by sub-section (1) of the said section, namely :—

EMPLOYEES' STATE INSURANCE (GENERAL) REGULATIONS.

CHAPTER I.

1. *Short title.*—These regulations may be called the Employees' State Insurance (General) Regulations, 1950.

2. *Definitions.*—In these regulations, unless the context otherwise requires—

(*a*) "Act" means the Employees' State Insurance Act, 1941 (XXXIV of 1948);

(*b*) "Appointed Day" means with reference to any area, factory or establishment, the day from which the whole of Chapters IV and V of the Act apply to such area, factory or establishment, as the case may be;

(*c*) "Appropriate Office", "appropriate Local Office" or "appropriate Regional Office" shall mean with reference to any action taken under these regulations, such office of the Corporation as may be specified for that purpose under a general or special order of the Corporation;

(*d*) "Central Rules" means the rules made by the Central Government under section 95 of the Act;

(*e*) "Contribution Card" means a card issued in respect of an insured person for the purpose of affixing contribution stamps, or recording otherwise the contribution paid, in respect of such person under the Act;

(*f*) "Contribution Stamp" means a stamp issued under the authority of the Corporation for the purpose of paying contributions under the Act and these regulations;

(*g*) "Employer" means the principal employer as defined in the Act;

(*h*) "Employer's Code Number" means the distinguishing number allotted to an employer by the appropriate Regional Office;

(*i*) "Factory or Establishment" means factory or establishment to which the Act applies;

(*j*) "Form" means a form appended to these regulations;

(*k*) "Identity Card" means a card issued by the appropriate Regional Office to an insured person for identification for the purposes of the Act, the rules and these regulations;

(*l*) "Inspector" means a person appointed as such by the Corporation under section 45 of the Act;

(*m*) "Instructions" means instructions or orders issued by the Corporation or by such officer or officers of the Corporation as may be authorised by the Corporation in this behalf;

(*n*) "Insurance Medical Officer" means a medical practitioner appointed as such to provide medical benefit and to perform such other functions as may be assigned to him and shall be deemed to be a duly appointed medical practitioner for the purposes of Chapter V of the Act;

(*o*) "Insurance Number" means a number allotted by the appropriate Regional Office to an employee for the purposes of the Act, the rules and these regulations;

(*p*) "Local Office" and "Regional Office" shall mean, according to the context, such subordinate office of the Corporation, set up at such place and with such jurisdiction and functions as the Corporation may, from time to time, determine;

(*q*) "Local Office Manager" means a person appointed by the Corporation as such and who is the officer-in-charge of a Local Office;

(*r*) "State Rules" means the rules made by a State Government under section 96 of the Act;

(*s*) "Regional Director" means a person appointed by the Corporation as such for a specified region;

(*t*) "Registered Midwife" means a person who is registered as a midwife under any law in force in any State providing for registration of nurses and midwives;

(*u*) "Rules" means rules made by the Central or State Government under the Act;

(*v*) "Specified" means specified by instructions issued from time to time by the Corporation or any authorised officer;

(*w*) "Year" means a calendar year except when specifically stated otherwise.

(*x*) All other words and expressions have the meanings respectively assigned to them in the Act or the rules, as the case may be.

3. *The manner in which the Corporation may exercise its powers.*—(1) Where a regulation empowers the Corporation to specify, prescribe, provide, decide or determine anything or to do any other act such power may be exercised by a resolution of the Corporation or subject to the provisions of section 18 of the Act by a resolution of the Standing Committee:

Provided that the Corporation or the Standing Committee may delegate any of the powers under these regulations to sub-committee or to such officers of the Corporation as it may specify in that behalf:

Provided further that no power shall be delegated under this regulation which under the Act is required to be exercised by the Corporation only.

(2) Any appointment to be made by the Corporation under these regulations, shall be made by the Director-General or by such other officers as may be authorised in this behalf by the Standing Committee.

(4) *Contribution and Benefit Periods.*—(1) A 'contribution period' shall, subject to the provisions of Regulation 5, be one of the following periods:—

(i) The period of 26 consecutive weeks commencing from the midnight of night of Saturday the 29th July, 1950, or any of the subsequent periods of 26 consecutive weeks following immediately after the close of the preceding contribution period—This set of contribution periods is hereinafter called Set A;

(ii) The period of 26 consecutive weeks commencing from the midnight of night of Saturday the 30th September, 1950, or any of the subsequent periods of 26 consecutive weeks following immediately after the close of the preceding contribution period—This set of contribution periods is hereinafter called Set B ; and

(iii) The period of 26 consecutive weeks commencing from the midnight of night of Saturday the 25th November, 1950, or any of the subsequent periods of 26 consecutive weeks following immediately after the close of the preceding contribution period—This set of contribution periods is hereinafter called Set C.

(2) The benefit period corresponding to any contribution period shall, subject to the provisions of Regulation 5, be the period of 26 consecutive weeks following the close of that contribution period, exactly after an interval of 13 consecutive weeks.

Example.—The contribution period of Set A commencing from the midnight of Saturday the 27th January, 1951. closes on the midnight of night of Saturday the 28th July, 1951. The benefit period corresponding to this contribution period commences 13 weeks after the midnight of night of Saturday the 28th July, *i.e.*, from the midnight of night of Saturday the 27th October, 1951.

Allotment of Contribution and Benefit Periods.—(1) The appropriate Regional Office or, in accordance with the instructions issued in this behalf by the Corporation, the employer shall allot to each person, who is an employee within the meaning of the Act on the *appointed day*, one of the sets A, B or C of the *contribution* periods; and the first contribution period and the corresponding benefit period for such person shall commence and end on such dates as the Director-General may determine for the set of contribution periods allotted to him.

(2) In the case of a person who becomes an employee within the meaning of the Act, for the first time after the *appointed day*, the set of contribution periods to be allotted to him shall be as indicated below and the first contribution period in respect of the person shall commence from the midnight of night of the Saturday immediately preceding the day on which he becomes an employee and shall end when the then current contribution period, belonging to the set allotted to him, ends :—

Date of commencing work as an employee falling in the calendar months.	Set of contribution periods
February, March, August or September	Set A
April, May, October or November	Set B
January, June July or December	Set C

6. *Meetings of the Corporation, the Standing Committee and Medical Benefit Council.*—The meetings of the Corporation, the Standing Committee and the Medical Benefit Council shall be held in accordance with the Central Rules at such time and place as may be fixed by the Chairman concerned.

7. *Decision of majority.*—Every matter coming up for decision before a meeting of the Corporation, the Standing Committee or the Medical Benefit Council shall be decided by a majority of persons present and voting at the meeting and in case of equality of votes, the Chairman of the meeting shall have an additional casting vote.

8. *Model of exercising vote.*—The votes shall be taken by show of hands and the names of persons voting in favour and against any proposition shall be recorded only if any member present requests the Chairman to do so.

9. *Matters to be brought before the Corporation.*—In addition to the matters which are, under any specific provision of the Act or the Central Rules, required to be placed before the Corporation, the following matters shall be referred to the Corporation for its decision :—

(*a*) regulations under section 97 and amendments thereto before final publication ;
(*b*) any measures proposed under section 19 of the Act ;
(*c*) any proposal to extend medical benefit to families under sub-section (2) of section 46 ;
(*d*) any dispute proposed to be referred to arbitration under sub-section (4) of section 58 ;
(*e*) any proposal to set up hospitals under section 59 ;
(*f*) any proposal to grant exemption under section 91 ;
(*g*) any proposal to enhance benefits under section 99 ;
(*h*) any other matter which the Corporation or its Chairman may direct the Standing Committee or the Director-General to place before the Corporation.

10. *Regional Boards.*—(1) A Regional Board may be set up for such area as may be considered appropriate by the Director-General and shall consist of the following members, namely :—

(*a*) A senior official of the State in which the Regional Headquarters is situated, to be nominated by the State Government concerned, as Chairman ;
(*b*) One representative of each of the other States, if any, included in the area, to be nominated by the State Government concerned ;
(*c*) The Director or Directors of Health Services of the States concerned, *ex-officio* ;
(*d*) Such number, being not less than two or more than five, of employers' representatives as may be considered appropriate by the Director-General, to be nominated by him, in consultation with such employer's organisations as may be recommended for the purpose by the State Government or Governments concerned ;
(*e*) An equal number of employees' representatives to be nominated by the Director-General in consultation with such organisations of employees as may be recommended for the purpose by the State Government or Government concerned ; and
(*f*) The Regional Director or Officer-in-Charge of the Regional Office, *ex-officio*—who shall also act as Secretary to the Board.

(2) (i) The term of office of the members of the Regional Board other than those referred to in clauses (*a*), (*b*), (*c*) and (*f*) of sub-regulation (1), shall be two years commencing from the date on which their nomination is notified, provided that the members of the Regional Board shall, notwithstanding the expiry of the said period continue to hold office until the nomination of their successors is notified.

(ii) The members of the Regional Board referred to in clauses (*a*) and (*b*) of sub-regulation (1) shall hold office during the pleasure of the State Government or Governments nominating them.

(3) A member of the Regional Board may resign his office by notice in writing to the Director-General and his seat shall fall vacant on the acceptance of the resignation.

(4) A member of the Regional Board shall cease to be a member of the Board if he fails to attend three consecutive meetings thereof provided that his membership may be restored by the Director-General on his being satisfied as to the unavoidable nature of the circumstances which led to his non-attendance.

(5) The members of the Board shall receive such fees and allowances as may be prescribed by the Central Government for members of the Corporation.

(6) The Secretary shall, in consultation with the Chairman, and with the approval of the Director-General, fix the date, time and place of, and also draw up the Agenda for every meeting. Notice of not less than ten days shall ordinarily be given to every member for each meeting. No matter other than that included in the Agenda shall be considered except with the permission of the Chairman.

(7) No business shall be transacted at any meeting unless there is a quorum of not less than one-third of the number of the members on the Board.

(8) All matters shall be decided by a majority of person present and voting and in case of equality of votes, the Chairman shall have a casting vote or a second vote.

(9) A Regional Board shall perform the following functions in respect of the Region for which it is set up:—

(*a*) To discuss the problems of the relationship between the Corporation, its officers and offices and the employers, employees and the insured persons so as to secure efficient working of the Scheme with the full co-operation of all parties concerned and to make recommendations to the Director-General in regard to all such matters.

(*b*) To make recommendations to the Director-General from time to time in regard to changes which may in its opinion be advisable in the regulations, the forms and the procedure to be followed in the running of the Scheme.

(*c*) To refer such complaints as it may consider necessary to the Insurance Commissioner for investigation.

(*d*) To advise the Corporation on such matters as may be referred to it for advice by the Director-General or by the Regional Director on his behalf.

CHAPTER II.

COLLECTION OF CONTRIBUTIONS, ETC.

11. *Declaration by persons in employment on appointed day.*—The employer in respect of a factory or an establishment shall require every employee in such factory or establishment to furnish and such employee shall on demand furnish to him either before or on the appointed day correct particulars required for the purpose of Form 1 (hereinafter referred to as the Declaration Form). Such employer shall enter the particulars in the Declaration Form and obtain the signature or the thumb impression of such employee and also complete the form as indicated thereon. The temporary identification certificate duly completed shall thereafter be detached from the form and handed over to the employee.

12. *Declaration by persons engaged after the appointed day.*—(1) The employer in respect of a factory or an establishment shall, before taking any person into employment in such factory or establishment after the appointed day, require such person (unless he can produce an Identity Card or other document in lieu thereof issued to him under these regulations) to furnish and such person shall on demand furnish to him correct particulars required for the Declaration Form. Such employer shall enter the particulars in the Declaration Form and obtain the signature or the thumb impression of such person and also complete the form as indicated thereon. The temporary identification certificate duly completed shall be

detached from the form and handed over to the person after he has been taken into employment.

(2) Where an Identity Card is produced under sub-regulation (1), the employer shall make relevant entries thereon.

13. *Preparation of Contribution Card.*—The employer shall prepare a Contribution Card in Form 2, in respect of every employee in his employment on the appointed day or who is taken into employment after that day, including those who produced an Identity Card and in respect of whom no fresh Declaration Form is prepared.

14. *Declaration Forms to be sent to Regional Office.*—The employer shall send to the appropriate Regional Office by registered post or messenger, all Declaration Forms prepared under these regulations together with a return in duplicate in Form 3 on or before the Saturday following the end of the week in which the particulars for the Declaration Forms were furnished.

15. *Allotment of Insurance Number.*—On receipt of the return required under Regulation 14, the appropriate Regional Office shall promptly allot an Insurance Number to each person in respect of whom the Declaration Form has been received unless it finds that the person had already been allotted an Insurance Number. The Insurance Number shall be communicated to the employer and shall be entered by the employer on the Contribution Card of the person.

16. *The Corporation to receive assistance from employers.*—An employer shall render all necessary assistance which the Corporation may require in connection with the registration of his employees and specially for photographing such employees and affixing the photographs to the Identity Cards.

17. *Identity Cards.*—The appropriate Regional Office shall arrange to have an Identity Card prepared in Form 4 for each person in respect of whom an Insurance Number is allotted and shall send all such Identity Cards to the employer. Such employer shall obtain the signature or thumb impression of the employee on the Identity Card and shall after making relevant entries thereon, deliver the Identity Card to the employee and obtain a receipt therefor.

18. *Loss of Identity Card.*—In case of loss, defacement or destruction of an Identity Card, the insured person shall report the matter to the appropriate Local Office, and the Corporation may issue a duplicate copy of the Identity Card on payment of a fee of two rupees.

19. *Period for which Contribution Card valid.*—A Contribution Card issued under these regulations shall be current till the end of the contribution period in respect of the person to whom it relates.

20. *Fresh Contribution Card.*—Every employer shall on or before the expiration of the period of currency of a Contribution Card prepared in respect of the employee to whom the card relates a fresh Contribution Card in Form 2 for the next contribution period.

21. *Custody of Contribution Cards.*—The employer shall retain the Contribution Cards in respect of the employees in his factory or establishment and be responsible for the custody thereof so long as such cards are not disposed of in accordance with the provisions of these regulations.

22. *Inspection of Contribution Cards by Inspector.*—An employer being in possession of any Contribution Card shall produce it for inspection at any reasonable

405

time when required to do so by an Inspector or by any other official of the Corporation authorised by it, and, if so required, shall deliver the Contribution Card to the Inspector or official who may, if he thinks fit, retain it. The Inspector or the official shall give a receipt in Form 5 for a Contribution Card retained by him. The employer shall prepare immediately another Contribution Card in respect of the person whose card has been retained by the Inspector or the official and shall enter on the fresh card the particulars of the stamps on the card given to the Inspector or the official.

23. *Inspection of Contribution Cards by employees.*—Every employer having the custody of the Contribution Card of an employee shall give him a reasonable opportunity to inspect his card, if he so desires: provided that no person shall be entitled by virtue of this provision to inspect his Contribution Card more than once in any calendar month or except during such reasonable hours as may be fixed by the employer for the purpose.

24. *Loss of Contribution Card.*—Where the Contribution Card of any person while in the custody of any employer is destroyed or lost or is defaced in any material particular, the employer shall forthwith report the destruction, loss or defacement of the Contribution Card to the appropriate Regional Office and shall forthwith prepare a new Contribution Card in respect of such person and arrange for affixing thereon the contribution stamps which should have been affixed upto date, or for recording the particulars regarding contributions paid in cash upto date.

25. *Refund for Contribution Stamps.*—The Corporation may, subject to satisfactory evidence being produced and subject to such other conditions as it may lay down, grant a refund for contribution stamps which were affixed to a card destroyed lost or defaced.

26. *Contribution Cards to be sent to Regional Office.*—An employer, being in possession of a Contribution Card in respect of any person, shall send it by registered post or messenger, together with a return in duplicate in Form 6 to the appropriate Regional Office—

(*a*) within 7 days of the date on which he comes to know of the death of such person;

(*b*) within 7 days of the date of receipt of a requisition in that behalf from the appropriate Regional Office;

(*c*) within 15 days of the termination of the contribution period to which it relates.

27. *Return of employment.*—At the end of each contribution period an employer shall send to the appropriate Regional Office a return of employment in Form 7 together with the return in Form 6 provided for in Regulation 26.

28. *Preparation of Contribution Cards by the Corporation.*—Notwithstanding anything contained in these regulations the Corporation may, after intimation to the employer, prepare and issue Contribution Cards for any contribution period in respect of any person to whom the Act applies, and where it does so the employer shall not issue any Contribution Card in respect of such person and such period.

29. *Payment of Contribution by Stamps.*—Every contribution payable under the Act, shall, except as otherwise provided herein be paid by affixing contribution stamps on the Contribution Card of the employee in the space indicated for that purpose upon the Card. The contribution stamps shall be of such shape and design as the Corporation may from time to time determine, and shall be sold in such manner and at such agencies as the Corporation may notify from time to time.

30. *Contribution Stamp Book.*—Every employer shall keep a 'Contribution Stamp Book' in a specified form in which shall be entered all purchases and utilisations of contribution stamps by the employer, and such book shall be open to inspection by an Inspector or any other official of the Corporation authorised by it.

31. *Time for payment of Contribution.*—An employer who is liable to pay contribution in respect of any employee shall pay those contributions within the following periods :—

(*a*) within 10 days of the last day of the wage period in which the contribution falls due ;

(*b*) within 14 days of the termination of employment, irrespective of whether the employment is terminated with or without notice ;

(*c*) within 14 days after the termination of the contribution period in respect of every employee,

whichever period is earlier.

Explanation.—For the purpose of this regulation, the expression " wage period" shall have the meaning assigned to it in the Payment of Wages Act, 1936 (IV of 1936).

32. *Register of employees.*—(i) Every employer shall maintain a register showing the following particulars in respect of each wage period in respect of every employee in his factory or establishment :—

(*a*) Name ;
(*b*) Insurance No ;
(*c*) Occupation ;
(*d*) Department and shift, if any ;
(*e*) Wage group in Schedule I to the Act to which the employee belongs in respect of that wage period ;
(*f*) Number of contribution weeks for which contribution fell due in the wage period ;
(*g*) Total contribution under the Act for the wage period ; and
(*h*) Employee's share of the contribution :

Provided that the employer shall be deemed to have complied with this regulation sufficiently if in any register maintained by him the additional particulars required under this regulation are also shown.

(ii) Every employer shall preserve every register maintained under this regulation after it is filled for a period of five years from the date of the last entry therein.

33. *Other modes of payment of Contribution.*—Subject to the direction of the Standing Committee, the Director-General may, if he thinks fit and subject to such terms and conditions as he may impose, approve of any arrangement, including payment in cash, whereby contributions are paid at times or in a manner other than those specified in these regulations and such arrangements may include provision for the payment to the Corporation of such fees as may be determined by him to represent the estimated additional expenses to the Corporation, and may require such deposit of money by way of security as he may determine.

34. *Cancellation of Contribution Stamps.*—(1) An employer shall, immediately after affixing a contribution stamp to any Contribution Card, cancel the stamp by writing in ink, or stamping with a metallic die with black indelible ink across the face of the stamp, the date upon which it is affixed, the employer's code number and such other particulars, if any, as the Corporation may specify, and save as expressly provided in these regulations, no other writing or mark and no perforation shall be made on a Contribution Card or a contribution stamp.

(2) An employer may, if he thinks fit, inscribe upon the Contribution Card of an employee, the unmber of that employee upon the pay-list or in the books of the employer.

35. *Reasons for non-payment of Contributions.*—Where no contribution is payable in respect of a week or weeks in any contribution period, the reason for non-payment shall be clearly indicated in writing in the space provided for affixing stamps or recording contributions.

36. *Employment for part of a week.*—Where an employee is employed by an employer for part of a week and where such employee was not employed earlier during that week in any factory or establishment the contribution in respect of such week shall fall due on the last day of employment by such employer in that week.

37. *Employment by two or more employers successively in any week.*—Where an employee is employed by two or more employers successively in any week, the first employer employing him in that week shall be treated as his employer for the purposes of the provisions of the Act and the regulations relating to contributions, and the contribution in respect of such week shall fall due on the last day of employment by the first employer during that week.

38. *Scheme by joint employers.*—Where an employee is ordinarily employed by two or more employers in a week, the employers of such an employee may, if they think fit, submit to the Corporation a scheme for the payment of contributions in respect of such employee and the Corporation may, if it is satisfied that the scheme is such as will secure the due payment of the contributions, approve such a scheme subject to such terms and conditions as it may think necessary :

Provided that if no such scheme is submitted to or approved by the Corporation, the Corporation may specify that any one of such employers shall be treated as the employer for the purposes of the provisions of the Act and the regulations relating to contributions, and in such a case the contribution for any week shall fall due on the last day of the week on which an employee was employed by the employer so specified.

39. *Reckoning of wages of employee employed by two or more employers in the same week.*—Where an employee is employed by an employer for only a part of the week, or where an employee is employed by two or more employers in a week, only the wages payable to him for the days upto and including the day on which the contribution falls due for that week shall be taken into account in reckoning wages for the purposes of determining the average daily wages of the employee for that week.

40. *Refund of Contribution erroneously paid.*—(1) Any contribution paid by a person under the erroneous belief that the contributions were payable by that person under the Act may be returned without interest by the Corporation to that person, if application to that effect is made in writing within twelve months from the day of payment.

(2) In calculating the amount of any repayment to be made under this regulation there may be deducted the amount, if any, paid to any person by way of benefit on the basis of the contribution erroneously paid and for the repayment of which the application is made.

41. *Allowance for destroyed Contribution Stamps.*—Subject to such conditions as the Corporation may lay down and to the production of such evidence by way of affidavit or otherwise as the Corporation may require, allowance may be made by the Corporation for a contribution stamp which has been inadvertently and

undesignedly destroyed, spoiled or rendered unfit for use and has not in the opinion of the Corporation been affixed to any material, provided that the application for relief is made within six months after the contribution stamp has been destroyed, spoiled or rendered useless.

42. *Nature of Allowance.*—In a case in which allowance is made for destroyed, spoiled or misused contribution stamps, the Corporation may give in lieu thereof other contribution stamps of the same denomination and value, or if necessary and if it thinks proper, contribution stamps of any other denomination to the same amount in value, or, in its discretion, the same value in money deducting therefrom one anna per rupee as the cost of production and sale of such stamps.

43. *Unused Contribution Stamps.*—Where any person is possessed of a contribution stamp which has not been spoiled or redered unfit or useless for the purpose intended, but for which he has no immediate use, the Corporation shall repay to him the value of the contribution stamp in money, upon his delivering up the contribution stamp to be cancelled, and proving to the satisfaction of the Corporation that it was purchased by him from some person duly appointed to sell and distribute contribution stamps within the period of two years next preceding the application and with a *bona fide* intention to use it.

CHAPTER III.

CASH BENEFITS.

CLAIMS.

44. *Claim for benefits.*—Every claim for a benefit payable under the Act shall be made in writing, in accordance with these regulations, to the appropriate Local Office on the form appropriate for the purpose of the benefit for which the claim is made, or in such other manner as the appropriate office may, subject to its being in writing, accept as sufficient in the circumstances of any particular case or class of cases. Assistance for filling in the form of claim in case of insured persons who cannot do so themselves shall be provided at the Local Offices of the Corporation.

45. *When claim becomes due.*—A claim for any benefit under the Act shall for the purposes of section 80 of the Act, become due on the following days :—

(*a*) for sickness benefit or for disablement benefit for temporary disablement for any period, on the date of the issue of the medical certificate in respect of such period : provided that in cases where a waiting period is required the due date shall be deferred by the number of days of such waiting period ;

(*b*) for maternity benefit, on the date of issue, in accordance with these regulations, of the certificate of expected confinement or on the day six weeks preceding the expected date of confinement so certified, whichever is later or, if no such certificate is issued, on the date of confinement ;

(*c*) for disablement benefit for permanent disablement, on the date on which an insured person is declared as permanently disabled in accordance with these regulations ; and

(*d*) for dependants' benefit, on the date of the death of the insured person in respect of whose death the claim for such benefit arises or the date from which a beneficiary becomes entitled to a claim, as the case may be.

46. *Availability of claim forms.*—Claim forms shall be available to intending claimants from such persons and such officers of the Corporation as it may appoint or authorise for that purpose, and shall be supplied free of charge.

47. *Claim on wrong form.*—Where a claim for any benefit has been made on an approved form other than the form appropriate to the benefit claimed, the Corporation may treat the claim as if it was made on the appropriate form: provided that the Corporation may in any such case require the claimant to complete the appropriate form.

48. *Evidence in support of claim.*—Every person who makes a claim for any benefit shall in addition to the medical certificate and other forms specifically required under these regulations, furnish such other information and evidence for the purpose of determining the claim as may be required by the appropriate office, and if reasonably so required, shall for that purpose attend at such office or place as the appropriate office may direct.

49. *Defective claim.*—If, in the absence of due signature or of due certification, a claim is defective on the date of its receipt by an office of the Corporation, the office of the Corporation may in its discretion, refer the claim to the claimant and if the form is returned duly signed and/or certified within three months from the date on which it was so referred, the office may treat the claim as if it had been duly made in the first instance.

50. *Claim for inappropriate benefit.*—Where it appears that a person who has made a claim for any benefit payable under the Act, may be entitled to a benefit other than that which he has claimed, any such claim may be treated as a claim in the alternative for that other benefit.

51. *Authority for certifying eligibility of claimants.*—The authority which is to certify the eligibility of claimants shall be the appropriate Local Office, in respect of maternity and temporary disablement benefits and the appropriate Regional Office, in respect of permanent disablement benefits.

52. *Benefits when payable.*—(1) Any benefit payable under the Act shall be paid—

(*a*) in the case of sickness benefit not later than seven days;

(*b*) in the case of the first payment in respect of maternity benefit or temporary disablement benefit, not later than one month;

(*c*) in the case of the first payment in respect of permanent disablement or dependants' benefits, not later than six months

after the claim therefor together with the relevant medical or other certificates and any other documentary evidence which may be called for under these regulations has been furnished to the appropriate office.

(2) Second and subsequent payments in respect of any maternity, temporary disablement, permanent disablement or dependants' benefit shall be paid along with the first payment in respect thereof, or within the calendar month following the month to the whole or part of which they relate, whichever is later subject to production of any documentary evidence which may be required under these regulations.

(3) Where a benefit payment is not made within the time limits specified in sub-regulations (1) and (2) above, it shall be reported to the Insurance Commissioner and shall be paid as soon as possible.

(4) Benefits under the Act shall be paid in cash at a Local Office or at the option of the claimant by means of postal money orders or other orders payable through a post office, or by any other means which the appropriate office may in the circumstances of any particular case consider appropriate.

(5) Where the payment of a benefit is to be made at a Local Office, such office may insist upon the production of the Identity Card or other document issued in lieu thereof in respect of the insured person.

CERTIFICATION AND CLAIMS FOR SICKNESS AND TEMPORARY DISABLEMENT.

53. *Evidence of sickness and temporary disablement.*—Every insured person, claiming sickness benefit or disablement benefit for temporary disablement, shall furnish evidence of sickness or temporary disablement in respect of the days of his sickness or temporary disablement by means of a medical certificate given by an Insurance Medical Officer in accordance with these regulations in the form appropriate to the circumstances of the case:

Provided that the Corporation may accept any other evidence of sickness or temporary disablement if in its opinion the circumstances of any particular case so justify.

54. *Persons competent to issue medical certificate.*—No medical certificate under these regulations shall be issued except by the Insurance Medical Officer to whom an insured person has been allotted or by an Insurance Medical Officer attached to a dispensary, hospital, clinic or other institutions to which an insured person is allotted and such Insurance Medical Officer shall examine and if in his opinion the condition of the insured person so justifies, issue to such insured person free of charge, any medical certificates reasonably required by such insured person under or for the purposes of the Act or any other enactment or these regulations:

Provided that an Insurance Medical Officer may issue a medical certificate under these regulations to an insured person who is not allotted to him or to the dispensary, hospital, clinic or other institution to which he is attached, if such officer is satisfied that in the circumstances of any particular case the insured person cannot reasonably be expected to get medical benefit from the Insurance Medical Officer or the dispensary, hospital, clinic or other institution to which such insured person has been allotted; and such certificate also shall be issued free of charge:

Provided further that an insured person shall not be granted a medical certificate unless he produces to the Insurance Medical Officer his Identity Card or such other "document", as under these regulations, may have been issued in lieu thereof.

55. *Medical Certificate.*—The appropriate form of a medical certificate shall be filled in ink by the Insurance Medical Officer in his own hand-writing and shall contain a concise statement of the disease or disablement which in the opinion of the Insurance Medical Officer necessitates absention from work on medical grounds or renders the person temporarily incapable of work. The statement of the disease or disablement in the medical certificate shall specify the nature thereof as precisely as the Insurance Medical Officer's knowledge of the condition of the insured person at the time of the examination permits.

56. *Time of granting medical certificate.*—(*a*) An Insurance Medical Officer shall give the medical certificate to an insured person at the time of the examination to which it relates; where he is prevented from so doing he shall send the certificate to the insured person within twenty-four hours thereafter.

(*b*) No further medical certificate relating to the same examination shall be issued, except where a duplicate of such certificate is required, in which case it shall be issued free of charge and clearly marked "Duplicate".

57. *Medical Certificate on first Examination.*—Where the examination is the first examination in respect of a spell of sickness or a spell of temporary disablement, the medical certificate shall be in the form of a first certificate (Form 8) and shall be only in respect of the date of the examination.

58. *Final medical certificate.*—If at the date of the examination to which a medical certificate other than a first certificate relates, the insured person in the opinion of the Insurance Medical Officer is, or will become on a date not later than the third day after that date, fit to resume work, that certificate shall be in the form of a final certificate. (Form 9).

59. *Intermediate certificates.*—If the final certificate is not issued within seven days of the date of the first certificate, an insured person shall, except where the case is covered by regulation 61, submit certificates in the form of intermediate certificates (Form 10) at intervals of not more than seven days each, commencing from the date of the first certificate.

60. *Final medical certificate before commencing work for wages.*—Every insured person shall obtain a medical certificate in the form of a final certificate before he takes up any work for wages.

61. *Intermediate certificate where temporary disablement likely to continue for a longer period.*—Where temporary disablement has continued for not less than twenty-eight days and the Insurance Medical Officer is satisfied that such disablement is likely to continue for a long period and that, owing to the nature of the disablement, examination and treatment at intervals of more than one week will be sufficient, the insured person may, unless otherwise directed by the appropriate office, furnish medical certificates in the form of special intermediate certificates (Form 11) at intervals of such longer periods not exceeding four weeks as may be specified by the Insurance Medical Officer.

62. *Certified sickness.*—Sickness in respect of any periods shall be deemed to be duly certified for the purposes of section 48 of the Act, provided that medical certificates in respect of such periods are issued in accordance with these regulations and such certificate is submitted to the appropriate Local Office by post or otherwise within fourteen days of the date of its issue.

63. *Form of Claim for sickness or temporary disablement.*—An insured person intending to claim sickness benefit or disablement benefit for temporary disablement shall submit to the appropriate Local Office by post or otherwise, a claim for benefit in one of the Forms 12, 13 and 14, appropriate to the circumstances of the case together with the appropriate medical certificate.

64. *Failure to submit medical certificate.*—If a person who intends to claim sickness benefit or disablement benefit for temporary disablement fails to submit to the appropriate Local Office by post or otherwise the first medical certificate or any subsequent medical certificate within a period of three days from the date of issue of such certificate, he shall not be eligible for that benefit in respect of any period (i) in the case of a first certificate, more than three days before the date on which the certificate is submitted to the appropriate Local Office; (ii) in the case of a subsequent certificate, more than fourteen days before the date on which such subsequent certificate is submitted to the appropriate Local Office.

412

DISABLEMENT BENEFIT.

65. *Notice of accident.*—(i) Every insured person who sustains personal injury caused by accident arising out of and in the course of his employment in a factory or establishment shall give notice of such injury either in writing or orally, as soon as practicable after the happening of the accident:

Provided that any such notice required to be given by an insured person may be given by some other person acting on his behalf.

(ii) Every such notice shall be given to the employer or to a foreman or to other official under whose supervision the insured person is employed at the time of the accident or any other person designated for the purpose by the employer and shall contain the appropriate particulars.

(iii) Any entry of the appropriate particulars of the accident made in a book kept for that purpose in accordance with the next following regulation shall, if made as soon as practicable after the happening of the accident by the insured person or by some other person acting on his behalf, be sufficient notice of the accident for the purposes of these regulations.

(iv) In this regulation and the next following regulation, the expression 'appropriate particulars' means the particulars indicated below—

(*a*) Full name, Insurance Number, sex, age, address, occupation, department and shift of the injured person;
(*b*) Date and time of accident;
(*c*) Place where accident happened;
(*d*) Cause and nature of injury;
(*e*) Name, address and occupation of the person giving the notice, if he is other than the injured person;
(*f*) A statement of what exactly the injured person was doing at the time of injury;
(*g*) Names, addresses and occupation of two persons who were present at the spot when accident happened; and
(*h*) Remarks if any.

66. *Maintenance of accident book.*—Every employer shall—

(i) keep a book readily accessible (hereinafter called 'the Accident Book') in Form 15, in which the appropriate particulars of any accident causing personal injury to an insured person may be entered;
(ii) preserve every such book when it is completed for a period of five years from the date of the last entry thereon.

67. *Notice otherwise than by an entry in accident book.*—If notice of an employment injury under regulation 65 is given otherwise than by an entry in the Accident Book it shall be the duty of the employer or any other person to whom such notice is given under that regulation to make an aprropriate entry in the book in respect of the accident to which the notice relates immediately after such notice is received, and where the notice is received otherwise than in writing read over the particulars to the person who gives the notice and obtain his signature or thumb impression on the Accident Book.

68. *Report of accident by an employer.*—Every employer shall send a report in Form 16 to the nearest Local Office and the nearest Insurance Medical Officer—

(i) immediately, if the injury is serious, *i.e.*, it is likely to disable the person for 48 hours or more, and

(ii) in any other case within 24 hours after the receipt of the notice under regulation 65 or of the time when the accident came to the notice of the employer or of a foreman or other official under whose supervision the insured person was employed at the time of the accident or any other person designated for the purpose by the employer :

Provided that in case of a serious injury, and particularly when the injury results in death at the place of employment, the report to the Insurance Medical Officer and the Local Office shall be sent through a special messenger, or otherwise, as speedily as may be practicable under the circumstances :

Provided further that where a report of the accident is made by the employer under the Factories Act, 1948, the report to the Local Office and to the Insurance Medical Officer may be made in the same form as is prescribed under the Factories Act, 1948, provided that all the additional information required under Form 16 is added thereto.

69. *Employer to arrange for first aid.*—Every employer shall arrange for such first aid and medical care and transport for obtaining such aid and care as the circumstances of the accident may require till the injured person is seen by the Insurance Medical Officer and such employer shall be entitled to re-imbursement in respect of expenses thereby incurred by him but not exceeding such scale of expenses as may be specified by the Corporation from time to time :

Provided that if the employer is required to provide such medical aid free of charge under any other enactment, he shall not be entitled to any re-imbursement of expenses.

70. *Employer to furnish further particulars of accident.*—Every employer shall furnish to the appropriate office such further information and particulars of an accident and within such time as the said office may, in writing, require.

71. *Directions by the Corporation.*—Every claimant for and every beneficiary in receipt of disablement benefit shall comply with every direction given to him by the appropriate Regional Office which requires him either—

(i) to submit himself to a medical examination by such medical authority as may be appointed by that office for the purpose of determining the effect of the relevant employment injury or the treatment appropriate to the relevant injury or loss of faculty, or

(ii) to attend any vocational training courses or industrial rehabilitation courses provided by any institution maintained by any Government, local authority or any public or private body recognised for the purpose by the Corporation and considered appropriate by it in his case.

72. *Reference to a Medical Board.*—Any question as to whether disablement occurring as a result of an employment injury sustained by an employee should be treated as permanent disablement within the meaning of section 51 of the Act shall be referred to the appropriate Medical Board constituted under regulation 75. Such reference to the Medical Board may be made—

(*a*) at any time by the appropriate Regional Office at the instance of the disabled person or the employer or any recognised employees' union ; or

(*a*) by the Corporation

(i) at any time, on the recommendation of an Insurance Medical Officer, and

(ii) on its own initiative, after the expiry of the period of twenty-eight days from the first date on which the claimant was rendered incapable of work by the relevant employment injury.

73. *Report of Medical Board.*—The Medical Board shall after examining the disabled person, submit its report to the appropriate Regional Office making recommendations as to—

(i) whether the disablement should continue to be treated as temporary and if so, the next date when the case should again be referred to the Medical Board;

(ii) whether the disablement can be declared to be of a permanent nature and, if so, whether the extent of loss of earning capacity can be assessed provisionally or finally;

(iii) the assessment of the proportion of the loss of earning capacity whether provisional or final; and

(iv) in case of provisional assessment, the period for which such assessment shall hold good:

Provided that the assessment of a disablement due to an employment injury not restricted to one or more of the injuries listed in Schedule I of the Workmen's Compensation Act, 1923 (VIII of 1923) shall be treated as provisional. Any such assessment may be referred to a Medical Board for review by the appropriate Regional Office at any time after the expiry of twelve months from the date of the last assessment.

The disabled person shall be informed in writing of the recommendations of the Medical Board, the decision of the appropriate Regional Office thereon and the benefit, if any, which the disabled person shall be entitled.

74. *Appeal against decisions of Medical Board.*—(i) If the Corporation or a disabled person is dissatisfied with the recommendations of a Medical Board the Corporation or the disabled person may appeal against such recommendations by giving notice of appeal to the other party within three months of the date of communication of the said recommendations.

(ii) A notice of appeal shall be in writing and shall contain a statement of the grounds upon which the appeal is made.

(iii) The appeal shall lie to an Appeal Tribunal constituted under regulation 76.

75. *Constitution of Medical Boards.*—Medical Boards for the purposes of these regulations shall be constituted by the State Government and shall consist of such persons, have such jurisdiction and follow such procedure as the State Government in consultation with the Corporation may, from time to time, decide.

76. *Appeal Tribunals.*—An Employees' Insurance Court shall constitute the Appeal Tribunal for the purposes of regulation 74 and for such purpose, it shall be assisted by the following persons to be selected by it as assessors :—

(*a*) One or more medical experts;

(*b*) One or more officials of or members from a trade union or unions.

DEPENDANTS' BENEFIT

77. *Report of death of insured person by employment injury.*—In case of death of an insured person as a result of an employment injury—

(*a*) if the death occurs at the place of employment the employer shall, and

(*b*) if the death occurs at any other place, a dependant including to claim dependants' benefi shall, or,

(*c*) any other person present at the time of death may

immediately report the death to the nearest Local Office and to the nearest dispensary, hospital, clinic or other institution where medical benefit under the Act is available.

78. *Disposal of body of an insured person dying by employment injury.*—Where an insured person dies as a result of an emp'oyment injury sustained as an employee under the Act, the body of the insured person shall not be disposed of until the body has been examined by an Insurance Medical Officer, who will also arrange a post-mortem examination, if considered necessary, in co-operation with any other existing agency :

Provided that if an Insurance Medical Officer is unable to arrive for the examination within 12 hours of time of the report to him, the body may be disposed of after obtaining a certificate from such medical officer or practitioner as may be available.

79. *Issue of death certificate.*—An Insurance Medical Officer attending the disabled person at the time of his death or the Insurance Medical Officer who examines the body after the death or the Medical Officer who attended the insured person in a hospital or other institution where such disabled person died, shall issue free of charge a death certificate in Form 17 to the dependants of the deceased and shall send a report to the appropriate Regional Office.

80. *Submission of claim for dependants' benefit.*—(1) A claim for dependants' benefit shall be submitted to the appropriate Local Office by post or otherwise in Form 18 by the dependant or dependants concerned or by their legal representative or, in case of a minor, by his guardian, and such claim shall be supported by documents proving—

(i) that the death is due to an employment injury ;
(ii) that the person claiming is a dependant entitled to claim as provided in paragraph 4 or 5, as the case may be, of the Second Schedule to the Act ;
(iii) the age of the claimant :

Provided that where the appropriate Regional Office is satisfied about the *bona-fides* of the applicant or about the truth of the facts relating to any of the matters mentioned above, one or more of the documents may be dispensed with.

(2) The following may be accepted as proof of age :—

(*a*) Certified extract from an official record of births showing the date and place of birth and father's name ;
(*b*) Original horoscope prepared soon after birth ;
(*c*) Certified extract from baptismal register ;
(*d*) Certified extract from school records showing the date of birth and father's name ;
(*e*) Such other evidence as may be acceptable to the appropriate Regional Office in the circumstances of a particular case.

81. *Notice for dependants' benefit.*—On receipt of a claim or claims for dependants' benefit in respect of the death of an insured person and, after making such enquiries as may be necessary about the circumstances and cause of death and about all persons, who may be entitled to dependants' benefit, the appropriate Regional Office shall issue by registered post such other persons, if any, as appear on enquiry, to be entitled to dependants' benefit, and who have not yet submitted a claim for such benefit a notice for submission of claim for dependants' benefit within a period of thirty days from the date of such notice. The notice shall indicate *inter alia* the relevant provisions of the Act and regulations and procedure for sub-mission of a claim for dependants' benefit.

82. *Intimation of decision regarding dependants' benefit.*—As soon as possible after the expiry of the period during which claims can be submitted in terms of the notice issued under regulation 81, the appropriate Regional Office shall intimate by

registered post the decision of the Corporation in regard to the claim of each of the dependants in writing to the dependant concerned or to his legal representative, or, in the case of a minor, to his guardian.

83. *Date of accrual of dependants' benefit.*—The dependants' benefit shall accrue from the date of the death in respect of which the benefit is payable.

84. *Review of dependants' benefit.*—(1) The amounts payable as dependants' benefit in respect of the death of any insured person may be reviewed by the appropriate Regional Office at its own initiative, and shall be so reviewed if an application is made to that effect, under any of the following circumstances :—

(*a*) if any of the beneficiaries ceases to be entitled to the dependants' benefit by reason of marriage, re-marriage, death, age or otherwise, or

(*b*) if a fresh dependant is admitted to the claim for dependants' benefit by the birth of a posthumous child, or

(*c*) if, after the previous decision as to the distribution of the dependants' benefit was taken, some facts materially affecting such distribution come to light.

(2) Any review under this regulation shall be made after giving due notice by registered post to each of the dependants, stating therein the reasons for the proposed review and giving them an opportunity to submit objections, if any, to such review.

(3) Subject to the provisions of the Act and these regulations the appropriate Regional Office may, as a result of such review, commence, continue, increase. reduce or discontinue from such date as it may decide the share of any of the dependants.

85. *Declaration by persons in receipt of dependants' benefit.*—The appropriate Regional Office may by notice sent by registered post require a person in receipt of dependants' benefit to submit, and such person shall submit, a declaration, attested by a Magistrate or such other authority as that office may accept in any particular case to the effect that the person is alive and, in case of a widow, that she has not been remarried, and, in case of an unmarried female dependant, that she has not been married:

Provided that such a declaration shall not be required more than once in every six months.

86. *Appointment of another guardian.*—If at any time the appropriate Regional Office is satisfied that a child who is in receipt of dependants' benefit is being neglected by his guardian, not being a guardian appointed under the Guardian and Wards Act, 1890, and the child's share of the dependants' benefit is not being properly spent on his or her maintenance, the appropriate Regional Office may direct that such share may be paid subject to such conditions as it may specify to such other person as it deems fit and as in its opinion would utilise it for the care and maintenance of the child.

MATERNITY BENEFIT.

87. *Notice of pregnancy.*—An insured woman, who decides to give notice of pregnancy before confinement, shall give such notice in Form 19 to the appropriate Local Office by post or otherwise and shall submit, together with such notice, a certificate of pregnancy in Form 20 given in accordance with these regulations on a date not earlier than seven days before the date on which such notice is given.

88. *Claim for maternity benefit commencing before confinement.*—Every insured woman claiming maternity benefit before confinement shall submit to the appropriate Local Office by post or otherwise—

(i) a certificate of expected confinement in Form 21 given in accordance with these regulations, not earlier than fifty days before the expected date of confinement ;

(ii) a claim for maternity benefit in Form 22 stating therein the date on which she ceased or will cease to work for remuneration ; and

(iii) within thirty days of the date on which her confinement takes place, a certificate of confinement in Form 23 given in accordance with these regulations.

89. *Claim for maternity benefit only after confinement.*—Every insured woman claiming maternity benefit after confinement shall submit to the appropriate office by post or otherwise a claim for maternity benefit in Form 22 together with a certificate confinement in Form 23 given in accordance with these regulations.

90. *Other evidence in lieu of a certificate.*—The Corporation may accept any other evidence in lieu of a certificate of pregnancy, expected confinement or confinement by an Insurance Medical Officer, if in its opinion, the circumstances of any particular case so justify.

91. *Notice of work for remuneration.*—Every insured woman who has claimed maternity benefit shall give notice in Form 24 if she does work for remuneration on any day during the period for which maternity benefit would be payable to her but for her working for remuneration.

92. *Date of payment of maternity benefit.*—Maternity benefit shall be payable from the date from which it is claimed provided that such date does not precede the expected date of confinement by more than forty-two days, and that no work is undertaken for remuneration.

93. *Disqualification for maternity benefit.*—An insured woman may be disqaulified from receiving maternity benefit if she fails without good cause to attend for or to submit herself to medical examination when so required ; and such disqualification shall be for such number of days as may be decided by the authority authorised by the Corporation in this behalf :

Provided that a woman may refuse to be examined by other than a female doctor or midwife.

94. *Authority which may issue certificate.*—No certificate of pregnancy, of expected confinement or of confinement required under these regulations shall be issued except by the Insurance Medical Officer to whom the insured woman has been allotted or by an Insurance Medical Officer attached to a dispensary, hospital, clinic or other institution to which the insured woman is allotted, and such Insurance Medical Officer shall examine and if in his opinion the condition of the woman so justifies issue to such insured woman free of charge any such certificate when reasonably required by such insured woman under or for the purposes of the Act or any other enactment or these regulations :

Provided that such officer may issue a certificate of pregnancy, expected confinement or confinement under these regulations to an insured woman who is not allotted to him or to the dispensary, hospital, clinic or other institution to which such officer is attached, if such officer is attending the woman for prenatal care or for confinement ;

Provided further that a certificate of pregnancy, of expected confinement or of confinement required under these regulations may be issued by a registered midwife which shall be accepted by the Corporation on counter signature by the Insurance Medical Officer.

95. *Obligations of Insurance Medical Officer.*—Nothing in these regulations shall relieve an Insurance Medical Officer to whom an insured woman has been allotted, or an Insurance Medical Officer attached to the dispensary, hospital, clinic or other institution to which an insured woman is allotted of the obligation to examine and if in his opinion the condition of the woman so justifies, issue free of charges a certificate of pregnancy, of expected confinement or of confinement during any period in which such insured woman is obtaining treatment or attendance from any other person or from any other hospital or institution.

CHAPTER IV.

MISCELLANEOUS.

96. *Authority for determining benefits.*—The authority for determining for purposes of sub-section (2) of section 70 of the Act, the value of benefits other than cash payment shallbe the Medical Commissioner of the Corporation.

97. *Discontinuation or reduction of benefits.*—An employer may discontinue or reduce benefits payable to his employees under condition of their service which are similar to the benefits conferred by the Act to the extent specified below, namely :—

(*a*) from the date of the commencement of the first benefit period following the appointed day for his factory or establishment—

(i) sick leave on half pay to the full extent ;

(ii) such proportion of any combined general purposes and sick leave on half pay as may be assigned as sick leave but in any case not exceeding 50 per cent of such combined leave;

(*b*) any maternity benefits granted to women employees to the extent to which such women employees may become entitled to the maternity benefit under the Act :

Provided that where an employee avails himself of any leave from the employer for sickness, maternity or temporary disablement, the employer shall be entitled to deduct from the leave salary of the employee the amount of benefit to which he may be entitled under the Act for the corresponding period.

98. *Discharge, etc., of employee under certain conditions.*—If the conditions of service of any employee so allow, an employer may discharge or reduce on due notice an employee—

(i) who has been in receipt of disablement benefit for temporary disablement, after he has been in receipt of such benefit for a continuous period of six months or more ;

(ii) who has been under medical treatment for sickness or has been absent from work as a result of illness duly certified in accordance with these regulations to arise out of the pregnancy or confinement rendering the employee unfit for work, after the employee has been under such treatment or has been absent from work for a continuous period of six months or more.

I hereby declare that the above particulars have been given by me and are correct to the best of my knowledge and belief.

Place.....

Date.....

.....

Signature or thumb impression of the employee.

Department of Factory.....
Shift No., if any.....
Countersigned.....
Designation.....

.....

Signature of Assistant, if any, who filled the form.

Name, Address and Code No. of employer.....
.....

CUT HERE

Receipt for Identity Card.

Received Identity Card : Insurance No. | | |

Date.....

.....

Signature or thumb impression of the insured person.

FORM 2.
(Regulation 13).

CONTRIBUTION CARD.

Insurance No.

Distinguishing No. ..... allotted by the employer, if any ..... Department .....
Shift, if any .....

Employer's Code No. ..... Occupation .....
Name ..... Sex .....
Father's/Husband's Name .....

Warning.—Any person who removes a stamp from this Card or makes use of a stamp removed from a Card is liable to prosecution

Summary of Stamps affixed/or contribution paid.

Group	Value of each stamp	No. of Stamps	Total value of stamps (2)×(3)	Assumed average wage for the group	Total assumed wage (3)×(5)
1	2	3	4	5	6
1. ...	0 7 0			0 14 0	
2. ...	0 9 0			1 4 0	
3. ...	1 12 0			1 12 0	
4. ...	1 2 0			2 8 0	
5. ...	2 8 0			3 8 0	
6. ...	2 1 0			5 0 0	
7.	2 13 0			7 0 0	
8.	3 12 0			10 0 0	
Total ...					

Checked and found correct.*

....

Signature of Employer or his assistant — Regional Office.

* Not to be entered by the employer.

99. *Suspension of sickness or temporary disablement benefit.*—Sickness benefit or disablement benefit for temporary disablement may be suspended, if a person who is in receipt of such benefit fails to comply with any of the requirements of section 64 of the Act, and such suspensions shall be for such number of days as may be decided by the authority authorised by the Director-General in this behalf.

100. *Relaxation.*—The Director-General may by special or general order relax any regulation under such circumstances and subject to such conditions, as he may deem fit.

101. *Appointment of sick visitors.*—The Corporation may appoint sick visitors for the purpose of visiting insured persons who are sick or who are or may become entitled to sickness, maternity or disablement benefit:—

Provided that a female insured person shall not be visited otherwise than by a woman.

102. *Certain officers to have powers of inspection.*—The Director-General, the Insurance Commissioner, a Deputy Insurance Commissioner, a Regional Director, a Deputy Regional Director, an Insurance Officer and an Assistant Insurance Commissioner shall have all the powers of an Inspector specified in sub-section (2) of section 45 of the Act. In addition to the officers mentioned above, the Director-General may, by a written order confer upon any employee of the Corporation or any Government officer the powers of an Inspector for such period or periods as he may think fit.

103. *Medical benefit during disablement.*—A person who is in receipt of disablement benefit shall be entitled to medical benefit while he is in receipt of such benefit:

Provided that after the disablement has been declared as a permanent disablement, the person shall not be entitled to medical benefit, if he is not otherwise entitled to such benefit, except in respect of any medical treatment which may be rendered necessary on account of the employment injury from which the disablement resulted.

104. *Production of document for medical benefit.*—A person intending to claim medical benefit, and who is otherwise entitled to such benefit, shall produce his Identity Card or such other document as may have been issued in lieu thereof at the time of claiming such benefit if demanded by the Insurance Medical Officer and if he fails to do so medical benefit may be refused to him.

105. *Further certificates.*—Where any question arises as to the correctness of any certificate by virtue of which an insured person claims, or is entitled to, any benefit under the Act, he shall, on receipt of not less than three clear days' notice in writing given by the appropriate office submit himself, with a view to obtaining a further certificate, to medical examination by such medical authority as the Corporation may appoint in this behalf. If there is any difference between the certificate so obtained and the original certificate, the right to benefit may be determined as if the original certificate agreed with the further certificate.

106. *Change of circumstances to be notified.*—Every person to whom any benefit is payable under the Act shall, as soon as may be practicable, notify the appropriate office of any change of circumstances which he may be expected to know and which might affect the continuance of his right to receipt of such benefit.

 422

FORM 1.

(Regulations 11 & 12).

DECLARATION FORM.

(Set.....)

Serial No.
in return
in Form 3.....

Insurance No. | | Employer's Code No. | | |

1. Name.....
(In block capitals)
2. Caste..... .....3. Sex.....
4. Marital Status.....
(State whether bachelor, spinster, married, widow or widower)
5. Father's Name.....
or
Husband's Name.....
(For married woman only)
6. (*a*) Age.....Years.
(*b*) Year of Birth.....
7. Present residential address (in full).....
.....
8. Permanent home address (in full) .....
.....
9. Dispensary ..... 10. Local Office.....
(State the names of dispensary and local office to which the employee wishes to be attached).

Photograph of the insured person

CUT HERE

TEMPORARY IDENTIFICATION CERTIFICATE

Dispensary.....Local Office.....
Full Name..... Age..... Years.....
Signature of Manager or other Officer of the Employer..... *Name* } .....
Designation..... *Address and* } .....
Date..... *Code No.* } .....

I hereby nominate..... S/W/D of .....
of..... (Address)
to receive payment under Section 71 of any benefit that may be due to me at the time of my death.

I affirm that I have NOT been previously insured under the Act and no Identity Card has been issued to me.

FORM 5.

(Regulation 22).

RECEIPT FOR CONTRIBUTION CARD.

Book No.

Receipt No.

Employer's Name

Code No.

Particulars of Card retained

Name of Employee Insurance No.....

Contribution period from to

Particulars of values of stamps affixed and dates of cancellation.

Weeks and Dates				Total No. of Stamps.
				Total value of Stamps.
.....	.....	.....	.....	Date
.....	.....	.....	.....	

Signature of Inspector or

Authorised Official.

In duplicate

FORM 6.

(Regulation 26)

RETURN OF CONTRIBUTION CARDS.

1. Name and address of the Factory or Establishment.....
2. Employer's Code Number.....

I send herewith Contribution Cards in respect of the undermentioned insured persons. I hereby declare that this return includes every employee to whom the contribution period to which this return relates, applies and that the Cards have been correctly stamped / Contribution shown on the cards have actually been paid in accordance with the provisions of the Act and the regulations relating to the payment of contributions and affixing stamps.

Place..... Signature .....

Date..... Designation .....

Serial No.	Name of the Insured person	Insurance Number	Paid Contributions shown on Cards	
			No.	Value

Signature.....

FORM 3.

(Regulation 14)

RETURN OF DECLARATION FORMS.

Name and address of the Factory or Establishment.....

.....

Employer's Code Number

I send herewith the Declaration Forms in respect of the employees mentioned below. I hereby declare that every person employed as an employee within the meaning of section 2(9) of the Employees' State Insurance Act, 1948, on ..... in this factory or establishment and in receipt of a remuneration not exceeding Rs. 400 per month has been included in this list (excepting only those in respect of whom declarations have been sent to the Corporation in the past.)

Place.....

Signature.....

Date.....

Designation.....

Serial No.	Name of the employee	Distinguishing No. with the employer, if any	Father's or Husband's name	Insurance No. allotted by the Corporation (to be entered at the Regional Office)
1	2	3	4	5

Signature.....

Designation.....

Enclosures.—

Declaration Forms.....

Continuation sheets.....

FORM 4.

(Regulation 17).

IDENTITY CARD

Insurance No.

Name.....Sex.....
S/O — D/O.....
W/O
Year of birth.....
Address.....
.....
.....
Dispensary.....
.....
Local Office .....
.....

Photograph of the insured person

Employment Changes

Date	Code No.	Date	Code No.

Prepared by

Signature or thumb impression of the employee.

CONFIDENTIAL

FORM 9.

(Regulation 58).

FINAL CERTIFICATE.

Book No.....

Serial No.....

Stamp of the Dispensary

To..... Insurance No.

Date of first certificate of spell of sickness or disablement .....

I certify that I have examined you today and that in my opinion you have continued to need medical treatment and attendance and abstention from work on medical grounds upto and including this day by reason of ..... Cause group No. .....

In my opinion you will be fit to resume work tomorrow/on ..... Date .....

Signature.....

Insurance Medical Officer.

(Rubber stamp or name in block letters).

Any other remarks by the Medical Officer .....

350 428

CONFIDENTIAL

FORM 10.

(Regulation 59).

INTERMEDIATE CERTIFICATE.

Book No. .....

Serial No. .....

To .....

Stamp of the Dispensary.

Insurance No.

Date of First Certificate of spell of sickness or disablement .....

I certify that I have examined you today and that in my opinion you have continued to need medical treatment and attendance and abstention from work on medical grounds, upto and including this day by reason of .....

Date..... Signature .....

Insurance Medical Officer,

(Rubber stamp or name in block letters).

Any other remarks by the Medical Officer .....

.....

 429

FORM 7.

(Regulation 27).

RETURN OF EMPLOYMENT *

Employer's Code No.

For the contribution period ending .....
Name and.....
Address of the employer.....

Wage Period†	Total No. of employees employed at any time during the last week of the above contribution period and on a remuneration which in the aggregate does not exceed Rs. 400 per month.			Amount of wages and salaries of such employees in respect of the last wage period † of the above contribution period			Remarks, if any.
	Males	Females	Total	Rs.	As.	Ps.	
Daily ...							
Weekly ...							
Fortnightly ...							
Monthly ...							
Otherwise ...							
Total ...							

I hereby declare that the particulars given above are true and correct to the best of my knowledge and information.

Date.....

.....
Signature and designation.

N.B.—* The return should include information in respect of *all* employees irrespective of any contribution period allotted to them.

† 'Wage period' means the intervals at which wages or salaries are paid, *i.e.*, day, week, fortnight, month or other period (Other wage period, if any, should also be clearly indicated, *e.g.*, after every so many days, etc.,

CONFIDENTIAL

Stamp of the Dispensary.

FORM No. 8.

(Regulation 57).

FIRST CERTIFICATE.

Book No.....

Serial No.

To.....Insurance No.

I certify that I have examined you today and that in my opinion you now need medical treatment and attendance and abstention from work on medical grounds by reason of.....

.....

Date .....

Signature .....

Insurance Medical Officer.

(Rubber stamp or name in block letters).

Any other remarks by the Medical Officer .....

.....

 431

FORM 13.

(Regulation 63).

SICKNESS OR TEMPORARY DISABLEMENT BENEFIT.
CLAIM FOR BENEFIT.

I ..... s/w/d of .....

Insurance No. | | declare that, because of sickness/temporary disablement, I have not been at work since the date of the last certificate sent to you.

I claim benefit accordingly.

Date ....

Signature or thumb impression.

Present address .....

IMPORTANT: —

1. This form should be completed and sent *WITHOUT DELAY* to the appropriate Local Office.
2. The insured person should obtain a Final Certificate before resuming work.
3. Any person who makes a false statement or representation for the purpose of obtaining benefit whether for himself or for some other person renders himself liable to prosecution.

 432

FORM 14.

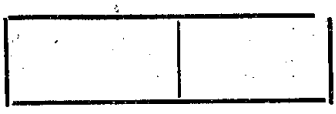
(Regulation 63).

SICKNESS OR TEMPORARY DISABLEMENT BENEFIT.

CLAIM FOR BENEFIT.

I ..... s/w/d of .....

Insurance No. declare that,



because of sickness/temporary disablement, I have not been at work since the date of the last certificate sent to you.

I no longer claim to be sick/temporarily disabled from ..... day of ..... 19 ; and I shall / did not take up any work for remuneration before that day. I claim benefit accordingly.

Date .....

Signature or thumb impression.

Present Address .....

.....

IMPORTANT.—Any person who makes a false statement or representation for the purpose of obtaining benefit whether for himself or for some other person renders himself liable to prosecution.

CONFIDENTIAL

FORM 11.

(Regulation 61).

SPECIAL INTERMEDIATE CERTIFICATE.

Stamp of the Dispensary.

Book No. .....

Serial No. .....

To ..... Insurance No.

Date of the first certificate of spell of sickness or disablement .....

I certify that I have examined you today and that in my opinion you have continued to need medical treatment and have remained incapable of work upto and including this day by reason of .....

I further certify that, judging from your present condition your incapacity (injury) is of such a character that it will be unnecessary to see you for the purpose of treatment more frequently than once in ..... weeks, and you will require medical treatment and will remain incapable in work at least up to the end of ..... weeks from this date.

I propose to issue certificates in this form at the intervals stated above so long as your condition does not require more frequent attendance.

In my opinion you* $\frac{\text{should now}}{\text{need not yet}}$ be referred to a Medical Board to determine if you are permanently disabled.

Date..... Signature .....

Insurance Medical Officer.

(Rubber stamp or name in block letters).

Any other remarks by the Medical Officer .....

.....

*Strike off that which is not necessary.

352 434

FORM 12.

(Regulation 63).

SICKNESS OR TEMPORARY DISABLEMENT BENEFIT.

CLAIM FOR BENEFIT.

I ..... s/w/d of .....

Insurance No. | | hereby state

that I was certified sick/temporarily disabled from .....

A.M./P.M. on the ..... day of ..... .19, and I have not been at work since ..... A. M./P.M. on the ..... day of ..... 19 .....

I claim benefit accordingly.

Present employer ..... Department .....

Last Occupation ..... Shift, if any .....

Present Address .....

.....

Date .....

Signature or thumb impression.

Accident cases only.

Date, time and place of accident .....

If a notice of the accident has *NOT* been given to the employer, state briefly on a separate paper how the accident happened.

Date .....

Signature or thumb impression.

IMPORTANT:—

1. Any person who makes a false statement or representation for the purpose of obtaining benefit whether for himself or for some other person renders himself liable to prosecution.
2. This form should be completed and sent *WITHOUT DELAY* to the appropriate Local Office.
3. Before resuming work a Final Certificate must be obtained.

FORM 15.

(Regulation 66).

ACCIDENT BOOK.

Serial No.			
	Date of notice.		
	Time of notice.		
	Name and address of the injured person.		
	Sex.		
	Age.		
	Insurance No.		
	Shift; Department and Occupation of employee.		
	Date.		
	Time.		
	Place.	Injury.	
	Cause of injury.		
	Nature of injury.		
	What exactly was the injured person doing at the time of injury.		
	Name, occupation, address and signature or the thumb impression of the persons giving notice.		
	Signature and designation of the person who makes the entry.		
	Name, address and occupation of two witnesses.		
	Remarks if any.		

435

FORM 16.

(Regulation 68).

ACCIDENT REPORT FROM EMPLOYER.

1. Name of employer.
2. Employer's Code No.
3. Address of premises where accident happened.
4. Nature of Industry.
5. Department, Shift (if any) and exact place where the accident happened.
6. Name of the injured person.
7. Insurance No.
8. Address of the injured person.
9. (a) Sex, (b) Age (last birthday), (c) Occupation of injured person. (a) (b) (c)
10. Date and hour of accident.
11. Hour at which he started work on day of accident.
12. *Cause of accident*—
    (a) If caused by machinery—
        (i) Give name of the machine and part causing the accident, and
        (ii) State whether it was moved by mechanical power at that time.
    (b) State exactly what the injured person was doing at that time.
    (c) In your opinion, was the injury due to an accident directly attributable to :—
        (i) the injured person having been at the time thereof under the influence of drink or drugs, *or*
        (ii) the wilful disobedience of the injured person to an order expressly given, or to a rule expressly framed for the purpose of securing the safety of employees, *or*
        (iii) the wilful removal or disregard by the injured person of any safety guard or other device which he knew to have been provided for the purpose of securing the safety of the employees.
    (d) Describe briefly how the accident occurred.
13. (a) Nature and extent of injury (*e.g.*, fatal loss of finger, fracture of leg, scald, etc.).
    (b) Location of injury (right leg, left hand or left eye, etc.).
    (c) (i) If the accident is not fatal state whether the injured person has returned to work.
        (ii) If so, date and hour of return to work.

14. Physician, dispensary or hospital from whom or where the injured person received or is receiving treatment.

15. (i) Has injured person died (i)
(ii) If so, date of death. (ii)

I certify that to the best of my knowledge and belief the above particulars are correct in every respect.
Date of despatch of report.

Signature .....
Designation .....
Employer's Name,
Address and
Code No.

FORM 17.

(Regulation 79).

DEPENDANTS' BENEFIT.

DEATH CERTIFICATE.

Book No.....

Serial No.....

Stamp of the Dispensary.

Name of the deceased insured person.....

S/w/d of.....Insurance No.

I certify that in my opinion the above named deceased insured person died on the.....day of..... 19....., as a result of an injury. I* had been attending him/her for providing medical benefit before his / her death and I attended him / her for the last time on the.....day of .....19.....

Date.....

Signature.....
Insurance Medical Officer.

(Rubber stamp or name in block letters).

Any other remarks by the Medical Officer.—

.....

.....

---

* The language may be suitably amended if the Insurance Medical Officer had not attended the deceased person before $\frac{\text{his}}{\text{her}}$ death.

438

FORM 18.

(Regulation 80).

DEPENDANTS' BENEFITS.

CLAIM FORM.

Name of the deceased insured person.....

S/w/d of ..... Insurance No.

Date of death .....

Last employed.....

I/We the following, being dependants of the above-named deceased insured person, apply for dependants' benefit in respect of $\frac{\text{his}}{\text{her}}$ death.

Name of the dependant	Sex	Age or year of birth	Marital Status	Relationship with the deceased	Name of the guardian in case of a minor

So far as I/we know the following are the only other dependants who may be entitled to Dependants' Benefit in respect of the death of the above-named insured person.

Name of the dependant	Sex	Age or year of birth	Marital Status	Relationship with the deceased	Name of the guardian in case of a minor

I/we declare that the particulars given above are true to the best of my/our knowledge and belief.

Signatures Present Address.

1. .....
2.
3.
4.

IMPORTANT:—Any person who makes a false statement or representation for the purpose of obtaining benefit whether for himself or for some other person renders himself liable to prosecution.

439

FORM 19.
(Regulation 87).

MATERNITY BENEFIT.

NOTICE OF PREGNANCY.

I .....

Insurance No.

wife of
daughter of ..... hereby give notice of pregnancy.

Present Address.....

Present
Last employer.....

Date.....

Signature or thumb impression.

440

CONFIDENTIAL.

FORM 20.

(Regulation 87).

MATERNITY BENEFIT.

CERTIFICATE OF PREGNANCY.

Book No.....

Serial No.....

Stamp of the Dispensary.

To ..... Insurance No.

I certify that I have examined you today and that in my opinion you are pregnant, and your pregnancy appear to be.....weeks old.

.....

Signature of midwife, if any.

.....

Signature or countersignature of Insurance Medical Officer.

Date.....

(Rubber Stamp or name in block letters).

441

CONFIDENTIAL

FORM 21.

(Regulation 88).

MATERNITY BENEFIT.

CERTIFICATE OF EXPECTED CONFINEMENT.

Book No.....

erial No.....

Stamp of the dispensary.

To.....Insurance No.

I certify that I have examined you today and that in my opinion you may expect to be confined in the week commencing.....*

Date.....

.....
Signature of midwife, if any.

.....
Signature or Countersignature of Insurance Medical Officer.

(Rubber stamp or name in block letters.

Any other remarks—

.....

.....

* This date should not be more than 50 days later than the date of examination

FORM 22.

(Regulations 88 & 89).

MATERNITY BENEFIT.

CLAIM FORM.

I..... Insurance No. | |

wife of
daughter of .....hereby claim maternity benefit with effect from the..... .....day of.....19..... I hereby declare that I have ceased/shall cease to work for remuneration with effect from that date.
Present/last employer.....Department, shift and occupation .....Present address.....
.....

Date.....

Signature or thumb impression.

IMPORTANT:—

1. No work for remuneration should be taken up during the period for which maternity benefit is being or is to be claimed. Notice of resumption of work in Form No. 24 must be sent before any work is taken up.
2. Any person who makes a false statement or representation for the purpose of obtaining benefit whether for oneself or for some other person renders oneself liable to prosecution.

443

CONFIDENTIAL

FORM No. 23.

(Regulations 88 & 89).

MATERNITY BENEFIT.

CERTIFICATE OF CONFINEMENT.

Book No.....

Serial No.....

Stamp of the dispensary

I certify that I attended.....

Insurance No. | | in connection with her confinement at

.....(address) and that she was there delivered of a child on the

..... day of .....19.....

*The confinement was premature and the week in which it was expected that she would be confined was the week commencing.....

.....

Date..... Signature of midwife, if any.

.....

Signature or Countersignature of Insurance Medical Officer.

(Rubber stamp or name in block letters).

Any other remarks.....

*To be struck off unless applicable.

444

FORM 24.

(Regulation 91).

MATERNITY BENEFIT.

NOTICE OF WORK.

I.....Insurance No. | | |

wife of
daughter of .....do hereby give notice that I have taken/shall take up work for remuneration with effect from the..... day of.....19..... I have drawn maternity benefit only upto the ..... day of.....19.....

Date.....

.....
Signature or thumb impression

Present address.....